Image# 14951887491 PAGE 1 / 16

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Non-election Year Cnly) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) 3. IS THIS REPORT X (N) OR AMENDED (A) May 20 (M5) Aug 20 (M8) Nov 20 (N8) Nov 20 (Na) Nov		Tor Other Than All Additions	eca committee	Office Use Only
ADDRESS (number and street) 203 South Union Street Suite 300 Check if different than previously reported. (ACC) Alexandria 2. FEC IDENTIFICATION NUMBER C C C00496505 3. IS THIS REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31 Vear-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (d) 30-Day POST-Election Report (30G) Report for the: Election on Time Post (30G) Report (30G) Report (30G) Report for the: Election on Report for the: Election on Report for the: Election on Time Post (30G) Report (30G) Report (30G) Report for the: Election on Report for the: Election on Time Post (30G) Report (30G) Report (30G) Report for the: Election on Time Post (30G) Report (30G) Report for the: Election on Time Post (30G) Report (30G) Report for the: Election on Time Post (30G) Report (30G) Report (30G) Report for the: Election on Time Post (30G) Report (30G) Report (30G) Report for the: Election on Time Post (30G) Report (30G) Report for the: Election on Time Post (30G) Report (30G) Report (30G) Report for the: Election on Time Post (30G) Report (30G) Report (30G) Report (30G) Report (30G) Report for the: Election on Time Post (30G) Report		·		12FE4M5
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than previously reported. (ACC) Alexandria reported. (ACC) Alexandria reported. (ACC) Alexandria C CO0496505 3. IS THIS REPORT (N) OR AMENDED (A) 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report Quarterly Report (Q1) July 15 Quarterly Report (Q2) Quarterly Report (Q2) Quarterly Report (Q3) January 31 Year-End Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Alexandria CITY STATE STATE APREVIOUS AMENDED (A) May 20 (M5) May 20 (M6) Aug 20 (M8) Nov 20 (N8) Nov 20 (N9) Peb 20 (M2) May 20 (M6) Sep 20 (M9) Perimary (12P) X General (12G) Runoff PRE-Election Convention (12C) Special (12S) Special (12S) 5. Covering Period Alexandria CITY STATE STATE STATE AMENDED (A) AMENDED (A) Nov 20 (M8) Nov 20 (M8) Nov 20 (M9) Peb 20 (M2) Primary (12P) X General (12G) Runoff April 15 Quarterly Report (N) Oct 20 (M10) Jan 31 April 15 Quarterly Report (Oct) PRE-Election Report for the: Convention (12C) Special (12S) Special (12S) Special The State of Special The State of Special The State of The State of	Chock if different	Suite 300		
### AMENDED A. TYPE OF REPORT (Choose One) Choose One	than previously	Alexandria		VA 22314
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Election on Termination Report (TER) Monthly Report Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 22 (M3) Aug 20 (M8) Nov 22 (M3) Aug 20 (M8) Nov 26 (Non-Election Year Only) April 15 Quarterly Report (Q1) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 Convention (12C) Special (12S) Election on 11 Q4 2014 State of Special Funding	2. FEC IDENTIFICATION NUI	NUMBER ▼ CITY ▲		STATE ▲ ZIP CODE ▲
(Choose One) (Report Due On: (April 15 Quarterly Report (Q1) (Co) 12-Day (Co) 1	C C00496505		~	
(a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec Vilvor-Election Report (M7) Oct 20 (M10) Jan 31 (c) 12-Day PRE-Election Report (12P) X General (12G) Runoff PRE-Election Report for the: Convention (12C) Special (12S) Election on 11 04 2014 State of Mar M / Dar D / Yar		Report	M2) May 20 (M5)	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) PRE-Election Report for the: Convention (12C) Special (12S) Convention (12C) Special (12S) Election on 11 Q4 2014 State of Runoff General (30G) Runoff (30R) Special Report for the: Election on Termination Report (TER)	(a) Quarterly Reports:	Mar 20 ((Non-Election Year Only)
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Termination Report (TER) Election on Election on Termination Report in the State of State of 5. Covering Period 10 10 11 15 2014	July 31 Mid-Year Report (Non-election	ction (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
5. Covering Period 10 01 2014 through 10 15 2014	Termination Report	port	M = M / D = D /	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.				
	-		knowledge and belief it is tr	ue, correct and complete.
Type or Print Name of Treasurer Dan Backer Esq.	Type or Print Name of Treasurer	urer Dan Backer Esq.		
Signature of Treasurer Dan Backer Esq. [Electronically Filed] Date 10 21 2014	Signature of Treasurer Dan Bo	Oan Backer Esq.	[Electronically Filed]	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §	NOTE: Submission of false, erroned	roneous, or incomplete information ma	subject the person signing t	his Report to the penalties of 2 U.S.C. §437g.
Office Use Only Rev. 12/2004	Use			FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Conservative Action Fund 10 2014 10 2014 Report Covering the Period: 15 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 760.28 January 1, 2014 (b) Cash on Hand at 28025.08 Beginning of Reporting Period..... 178907.29 23858.41 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 51883.49 179667.57 6(a) and 6(c) for Column B)..... 20673.74 148457.82 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 31209.75 31209.75 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Conserv	ative	Action	Fund
	auvo	/ (UUI)	ı unu

	COLUMN A		
I. Receipts	COLUMN B Calendar Year-to-Date		
Contributions (other than loans) From:			
(a) Individuals/Persons Other			
Than Political Committees	40077.70	30443.88	
(i) Itemized (use Schedule A)	10077.76	30443.00	
(ii) Unitemized	13780.65	146699.99	
(iii) TOTAL (add	13700.03	110000.00	
Lines 11(a)(i) and (ii)	23858.41	177143.87	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00		
(such as PACs)	0.00	0.00	
(d) Total Contributions (add Lines			
11(a)(iii), (b), and (c)) (Carry	23858.41	177143.87	
Totals to Line 33, page 5) Transfers From Affiliated/Other	7 2000		
Party Committees	0.00	0.00	
	7		
. All Loans Received	0.00	0.00	
. Loan Repayments Received	0.00	0.00	
. Offsets To Operating Expenditures			
(Refunds, Rebates, etc.)	0.00	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00	
. Refunds of Contributions Made to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts	3.00		
(Dividends, Interest, etc.)	0.00	1763.42	
. Transfers from Non-Federal and Levin Funds	7		
(a) Non-Federal Account			
(from Schedule H3)	0.00	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00	
() Table Toronton (all 42())	200		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00	
. Total Receipts (add Lines 11(d),			
12, 13, 14, 15, 16, 17, and 18(c))▶	23858.41	178907.29	
Total Federal Receipts			
(subtract Line 18(c) from Line 19)▶	23858.41	178907.29	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements		Total This Period			
1.	Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Ollow	Calendar Year-to-Date		
	Activity (from Schedule H4) (i) Federal Share	0.00	0.00		
	(i) Tederal Share				
	(ii) Non-Federal Share	0.00	0.00		
	(b) Other Federal Operating				
	Expenditures	15418.74	134577.31		
	(c) Total Operating Expenditures				
_	(add 21(a)(i), (a)(ii), and (b))▶	15418.74	134577.31		
2.	Transfers to Affiliated/Other Party	0.00	0.00		
3.	Committees Contributions to	0.00	0.00		
	Federal Candidates/Committees and Other Political Committees	255.00	6528.08		
4.	Independent Expenditures				
-	(use Schedule E)	0.00	0.00		
5.	Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00			
	(use Schedule F)	0.00	0.00		
	Loan Ponaymente Made	0.00	0.00		
١.	Loan Repayments Made	0.00	0.00		
7.	Loans Made	0.00	0.00		
	Refunds of Contributions To:	7 7 7			
	(a) Individuals/Persons Other Than Political Committees	0.00	110.00		
	i				
	(b) Political Party Committees	0.00	0.00		
	(c) Other Political Committees		0.00		
	(such as PACs)	0.00	0.00		
	(d) Total Contribution Refunds				
	(add Lines 28(a), (b), and (c))▶	0.00	110.00		
	(444 2.1.00 20(4), (5), 4.14 (6), 1.111111				
9.	Other Disbursements	5000.00	7242.43		
	L.				
).	Federal Election Activity (2 U.S.C. §431(20))				
	(a) Allocated Federal Election Activity				
	(from Schedule H6)	0.00	0.00		
	(i) Federal Share	0.00	7		
	(ii) "Levin" Share	0.00	0.00		
	(b) Federal Election Activity Paid Entirely	7 7 7			
	With Federal Funds	0.00	0.00		
	(c) Total Federal Election Activity (add				
	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00		
	Total Dishumannanta (add live 24/2) 02				
	Total Disbursements (add Lines 21(c), 22,	00070 74			
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	20673.74	148457.82		
	Total Federal Disbursements				
	(subtract Line 21(a)(ii) and Line 30(a)(ii)				
	from Line 31)	20673.74	148457.82		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

TEO TOTAL (Nev. 02/2003)		r age 3
III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	23858.41	177143.87
4. Total Contribution Refunds (from Line 28(d))	0.00	110.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23858.41	177033.87
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	15418.74	134577.31
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	15418.74	134577.31

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Conservative Action Fund Full Name (Last, First, Middle Initial) Pat Ainley Date of Receipt Mailing Address PO Box 3908 2014 10 City Zip Code State Transaction ID: SA11AI.15982 CA Crestline 92325 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Ainley Enterprises LLC Property Management Receipt For: Aggregate Year-to-Date ▼ Primary General 325.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jean Angle Date of Receipt Mailing Address 35 E. Via Verde St. 10 2014 11 City State Zip Code Transaction ID: SA11AI.15594 KS Wichita 67230 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation Retired retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1200.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Richard Azar Date of Receipt Mailing Address POBox. 6172 M M / 10 12 2014 City Zip Code State Transaction ID: SA11AI.15763 TX San antonio 78209 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Self Self Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 850.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

	FOR LINE	NUMBER:	:	PAGE	:	/
Use separate schedule(s)	(check only	one)				
for each category of the Detailed Summary Page	X 11a	11b		11c		12
,	12	14		15		16

OF

	Statements may not be sold or used by any personal part and address of any political committee to	
NAME OF COMMITTEE (In Full) Conservative Action Fund		
Full Name (Last, First, Middle Initial) A. Ballard Mailing Address 1021 Main Street Suite 2310 City Houston FEC ID number of contributing federal political committee. Name of Employer Ballard exploration company, inc. Receipt For: Primary General Other (specify)	State Zip Code TX 77002 C Occupation Oil & gas exploration Aggregate Year-to-Date ▼ 500.00	Date of Receipt 10 15 2014 Transaction ID: SA11AI.16012 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial) Edward Banner Mailing Address 35 Broad Oaks Estates Ln City Houston FEC ID number of contributing federal political committee. Name of Employer USAP Receipt For: Primary General Other (specify)	State Zip Code TX 77056 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 10 14 2014 Transaction ID: SA11AI.15984 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Thomas Black Mailing Address 505 McIntosh Drive City Shreveport FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code LA 71115 C Occupation CPA Aggregate Year-to-Date ▼	Date of Receipt 10 02 2014 Transaction ID: SA11AI.15299 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	•	1600.00
TOTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NOMBE (check only one)

X 11a 11b

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ı	(check of	only or	ne)					
	X 11a	a 🗌	11b		11c	12		
	13		14		15	16		17

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Conservative Action Fund		
Full Name (Last, First, Middle Initial) Thomas Black Mailing Address 505 McIntosh Drive City Shreveport FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code LA 71115 C Occupation CPA Aggregate Year-to-Date ▼ 442.76	Date of Receipt 10 14 2014 Transaction ID: SA11AI.15893 Amount of Each Receipt this Period 25.00
Full Name (Last, First, Middle Initial) Nesbit and Ann Dasher Mailing Address 2349 Williams St Unit 107 City Augusta FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General	State Zip Code GA 30904 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt 10 13 2014 Transaction ID: SA11AI.15820 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) norman elliott Mailing Address 4555 e mayo blvd 3301 City phoenix FEC ID number of contributing federal political committee. Name of Employer retired Receipt For: Primary Other (specify) ▼	State Zip Code AZ 85050 C Occupation retired Aggregate Year-to-Date 250.00	Date of Receipt 10 07 2014 Transaction ID: SA11AI.15390 Amount of Each Receipt this Period 250.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	525.00
TOTAL This Period (last page this line numbe	r only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 9 OF 16 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Conservative Action Fund Full Name (Last, First, Middle Initial) CHANNING FREDERICK Date of Receipt Mailing Address 2485 HIGHWAY 460 E 01 2014 10 City Zip Code State Transaction ID: SA11AI.15209 KY WEST LIBERTY 41472 Amount of Each Receipt this Period FEC ID number of contributing C 150.00 federal political committee. Earmarked contribution for Friends of Chris McDaniel, Name of Employer Occupation committee ID C00550657 FOOTHILLS CONTRACTING, LLC **BUSINESS OWNER** Receipt For: Aggregate Year-to-Date ▼ Primary General 150.00 Other (specify) Full Name (Last, First, Middle Initial) B. J. Michael Gearon Date of Receipt Mailing Address 4476 woodland brook dr 10 15 2014 City State Zip Code Transaction ID: SA11AI.16010 GA atlanta 30339 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation self retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Donna Hetland Date of Receipt Mailing Address 122 April Breeze St. M = M 10 12 2014 City State Zip Code Transaction ID: SA11AI.15719 TX Montgomery 77356 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Retired RN None Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) 450.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 10 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

16

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Conservative Action Fund Full Name (Last, First, Middle Initial) Donna Hetland Date of Receipt Mailing Address 122 April Breeze St. 2014 10 City State Zip Code Transaction ID: SA11AI.15944 TX Montgomery 77356 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation Retired RN None Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) B. Michael Malcolm Date of Receipt Mailing Address 490 Orange Ave 10 2014 11 City State Zip Code Transaction ID: SA11AI.15599 CA Los Altos 94022 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Kaleidescape, Inc. Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gilbert Mathews Date of Receipt Mailing Address P.O. Box 911 10 11 2014 City Zip Code State Transaction ID: SA11AI.15602 MN Burnsville 55337 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation n/a Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1077.60 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF 16

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one) X 11a
Any information copied from such Reports and Statemer or for commercial purposes, other than using the name		erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Conservative Action Fund		
Hoover Al FEC ID number of contributing federal political committee. Name of Employer Occion General Property For:	ate Zip Code L 35226 upation eral Contractor regate Year-to-Date ▼ 5000.00	Date of Receipt 10 15 2014 Transaction ID: SA11AI.15205 Amount of Each Receipt this Period 5000.00
Jensen FEC ID number of contributing federal political committee. Name of Employer Self maci	upation	Date of Receipt 10 11 2014 Transaction ID: SA11AI.15601 Amount of Each Receipt this Period 500.00
Fort Dodge FEC ID number of contributing federal political committee. Name of Employer rasch Farms Proposite Fore	upation	Date of Receipt 10 02 2014 Transaction ID: SA11AI.15272 Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)		5517.76

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 12 OF

TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one) 11b 14	11c	12 16	17
Any information copied from such Reports and or for commercial purposes, other than using t					soliciting		ions
NAME OF COMMITTEE (In Full) Conservative Action Fund							
Full Name (Last, First, Middle Initial) Daniel Stuthers Mailing Address 3868 Henley Drive City Pittsburgh FEC ID number of contributing	State PA	Zip Code 15235		Receipt 05 05 06 07 08 08 08 08 08 08 08 08 08		s Period	Y]
federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify) ▼	Occupation Retired Aggregate	/ear-to-Date ▼ 207.60	-	7	7	10.	00
Full Name (Last, First, Middle Initial) 3. Brandon Walker Mailing Address 728 Quincy Ave			Date of	Receipt / D D D D D D D D D D D D D D D D D D	/ Y	2014	Y
City Clovis FEC ID number of contributing federal political committee.	State CA	Zip Code 93619		ction ID : S			00
Name of Employer Self Receipt For: Primary General	Occupation Farmer Aggregate	∕ear-to-Date ▼		,	,		
Other (specify) ▼ Full Name (Last, First, Middle Initial) JACK WILLIAMS		, 227.60	Date of				
Mailing Address 444 N. EL CAMINO REAL SPC123 City ENCINITAS FEC ID number of contributing federal political committee.	State CA	Zip Code 92024		11 action ID : S			00
Name of Employer None Receipt For: Primary Other (specify)	Occupation Retired	∕ear-to-Date ▼ 250.00					
SUBTOTAL of Receipts This Page (optional).		>		7	7	85.0	00
TOTAL This Period (last page this line number	er only)					10077.7	76

SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(orlean orli)		
	Detailed Summary Page	X 21b 27	22 23 28a 28b	24 25 26 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)	ie and address of any politi	cai committee to	5 Solicit Contribution	s from Such committee.
Conservative Action Fund				
Full Name (Last, First, Middle Initial)				
A. Campaign Solutions			Date of Disburs	
Mailing Address 117 N Saint Asaph St				2014
City	State Zip Code		Transaction II	D : SB21B.15196
Alexandria Purpose of Disbursement	VA 22314		Transaction is	7. 00210.10100
Email deployment		003	Amount of Each	Disbursement this Period
Candidate Name		Category/		9968.17
Office Sought: House Disburser	nent For	Type		
Senate	Primary General			
President	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. Campaign Solutions			Date of Disburs	ement
B. Campaign Solutions				D / Y Y Y Y
Mailing Address 117 N Saint Asaph St				15 2014
,	State Zip Code VA 22314		Transaction II	D : SB21B.15199
Alexandria Purpose of Disbursement	VA 22314			
List rental and donation processing fees		003	Amount of Each	Disbursement this Period
Candidate Name		Category/ Type		3757.73
Office Sought: House Disburser				
Senate President	Other (appoint) — General			
State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. DB Capitol Strategies			Date of Disburs	
Mailing Address 203 S Union St Suite 300				07 2014
	State Zip Code		Transaction II	D : SB21B.15195
Alexandria	VA 22314		Transaction it	J . 36216.13193
Purpose of Disbursement Legal and compliance services		001	Amount of Each	Disbursement this Period
Candidate Name		Category/	Amount of Each	
		Type		1692.84
Office Sought: House Disburser Senate	nent For: Primary General			
President	Other (specify)			
State: District:	(1 · · · · y)			
SUBTOTAL of Disbursements This Page (optional)		······································		15418.74
TOTAL This Period (last page this line number only)				15418.74

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 14 OF 1	16
ITEMIZED DISBURSEMENTS	Use separate schedule	e(s) (check only		
	for each category of the Detailed Summary Page		22 🗶 23 24 25 2	26
	Botanou Gummary Fu	27	28a 28b 28c 29	30b
Any information copied from such Reports and Staten				
or for commercial purposes, other than using the name	ne and address of any p	olitical committee to	solicit contributions from such committee.	
NAME OF COMMITTEE (In Full)				
Conservative Action Fund				
Full Name (Look First Middle Initial)				
Full Name (Last, First, Middle Initial) A. FRIENDS OF CHRIS MCDANIEL			Date of Disbursement	
A. FRIENDS OF CHRIS MCDANIEL				
Mailing Address POST OFFICE BOX 125			10 10 2014	
9				
City	State Zip Code		Transaction ID : SB23.15200	
LAUREL	MS 39441		11ansaction ib . 3B23.13200	
Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr	is McDaniel from	000		
Channing Frederick Candidate Name	13 Webanier Hom	008	Amount of Each Disbursement this Period	1
CHRISTOPHER BRIAN MCDANIE	ı	Category/ Type	150.00	
	nent For: 2014	Туре		
	Primary General	al		
	Other (specify)	a.		
State: MS District: 00	Pimary Cha	allenge		
Full Name (Last, First, Middle Initial)	,	Ü		
B. FRIENDS OF CHRIS MCDANIEL			Date of Disbursement	
TRIENDO OF OFFICE MODIFICA			M = M / D = D / Y = Y = Y	
Mailing Address POST OFFICE BOX 125			10 10 2014	
City	State Zip Code		T 4' ID 0000 45004	
			Transaction ID : SB23.15201	
LAUREL	MS 39441		Transaction ID : SB23.15201	
	MS 39441	008		ı
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr	MS 39441	008	Amount of Each Disbursement this Period	i
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Milliams Candidate Name	MS 39441 ris McDaniel from Milan	Category/		i
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE	MS 39441 ris McDaniel from Milan		Amount of Each Disbursement this Period	i I
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Milliame Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursen	MS 39441 ris McDaniel from Milan L nent For: 2014	Category/ Type	Amount of Each Disbursement this Period	i
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Milliame Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary Genera	Category/ Type	Amount of Each Disbursement this Period	t
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Milliame Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate	MS 39441 ris McDaniel from Milan L nent For: 2014	Category/ Type	Amount of Each Disbursement this Period	Ė
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period	t
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursen Senate President State: MS District: 00 Full Name (Last, First, Middle Initial)	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period	i _
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 25.00	i L
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursen Senate President State: MS District: 00 Full Name (Last, First, Middle Initial)	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary General Other (specify)	Category/ Type	Amount of Each Disbursement this Period 25.00 Date of Disbursement	i
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Milliams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary	Category/ Type	Amount of Each Disbursement this Period 25.00 Date of Disbursement	1
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary General Other (specify) Pimary Cha	Category/ Type	Amount of Each Disbursement this Period 25.00 Date of Disbursement	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary	Category/ Type	Amount of Each Disbursement this Period 25.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	d
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary	Category/ Type	Amount of Each Disbursement this Period 25.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Milliams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL Purpose of Disbursement	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary	Category/ Type all allenge	Amount of Each Disbursement this Period 25.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursen Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr	MS 39441 ris McDaniel from Milan L ment For: 2014 Primary Genera Other (specify) ▼ Pimary Cha State Zip Code MS 39441 ris McDaniel from Frank	Category/ Type all allenge 008 Category/	Amount of Each Disbursement this Period 25.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Milliame Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursent Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr 71176V Candidate Name CHRISTOPHER BRIAN MCDANIE	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary General Other (specify) ▼ Pimary Cha State Zip Code MS 39441 ris McDaniel from Frank EL	Category/ Type all allenge	Amount of Each Disbursement this Period 25.00 Date of Disbursement 10	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Milliame Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursent Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr 71176V Candidate Name CHRISTOPHER BRIAN MCDANIE	MS 39441 ris McDaniel from Milan L ment For: 2014 Primary Genera Other (specify) ▼ Pimary Cha State Zip Code MS 39441 ris McDaniel from Frank	Category/ Type all allenge 008 Category/ Type	Amount of Each Disbursement this Period 25.00 Date of Disbursement 10	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Zuray Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursement Senate	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary General Other (specify) ▼ Pimary Cha State Zip Code MS 39441 ris McDaniel from Frank L nent For: 2014	Category/ Type all allenge 008 Category/ Type	Amount of Each Disbursement this Period 25.00 Date of Disbursement 10	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Zuray Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursement Senate	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary General Other (specify) Pimary Cha State Zip Code MS 39441 ris McDaniel from Frank L nent For: 2014 Primary General	Category/ Type al allenge 008 Category/ Type al	Amount of Each Disbursement this Period 25.00 Date of Disbursement 10	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursen Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Zurey Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursen Senate President Senate President	MS 39441 ris McDaniel from Milan L ment For: 2014 Primary General Other (specify) Pimary Cha State Zip Code MS 39441 ris McDaniel from Frank L ment For: 2014 Primary General Other (specify) Other (specify) Other (specify)	Category/ Type al allenge 008 Category/ Type al	Amount of Each Disbursement this Period 25.00 Date of Disbursement 10	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Williams Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursen Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Zurey Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Disbursen Senate President Senate President	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary Genera Other (specify) ▼ Pimary Cha State Zip Code MS 39441 ris McDaniel from Frank L nent For: 2014 Primary Genera Other (specify) ▼ Pimary Cha	Category/ Type all allenge 008 Category/ Type all allenge	Amount of Each Disbursement this Period 25.00 Date of Disbursement 10	
LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr Milliame Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00 Full Name (Last, First, Middle Initial) C. FRIENDS OF CHRIS MCDANIEL Mailing Address POST OFFICE BOX 125 City LAUREL Purpose of Disbursement Earmarked contribution forwarded to Friends of Chr 7111721 Candidate Name CHRISTOPHER BRIAN MCDANIE Office Sought: House Senate President State: MS District: 00	MS 39441 ris McDaniel from Milan L nent For: 2014 Primary Genera Other (specify) ▼ Pimary Cha State Zip Code MS 39441 ris McDaniel from Frank L nent For: 2014 Primary Genera Other (specify) ▼ Pimary Cha	Category/ Type all allenge 008 Category/ Type all allenge	Amount of Each Disbursement this Period 25.00 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 15 OF 16
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)
	Detailed Summary Page	21b	22 🗙 23 24 25 26
	, ,	27	28a 28b 28c 29 30b
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NAME OF COMMITTEE (In Full)			
Conservative Action Fund			
Full Name (Last, First, Middle Initial)			
A. FRIENDS OF CHRIS MCDANIEL			Date of Disbursement
Mailing Address POST OFFICE BOX 125			10 10 2014
City	State Zip Code		Transaction ID : SB23.15203
LAUREL Purpose of Disbursement	MS 39441		
Earmarked contribution forwarded to Friends of C Swingschwarz Candidate Name	ris McDaniel from Merrilie	008	Amount of Each Disbursement this Period
CHRISTOPHER BRIAN MCDANI	=1	Category/	10.00
	ment For: 2014	Туре	
X Senate	Primary General		
President	Other (specify)		
State: MS District: 00	Pimary Challeng	e	
Full Name (Last, First, Middle Initial)			Date of Disbursement
B. FRIENDS OF CHRIS MCDANIEL			
Mailing Address POST OFFICE BOX 125			10 10 2014
City	State Zip Code		Transaction ID : SB23.15204
LAUREL Purpose of Disbursement	MS 39441		
Earmarked contribution forwarded to Friends of C	nris McDaniel from Suzanne	008	Amount of Each Disbursement this Period
Candidate Name		Category/	
CHRISTOPHER BRIAN MCDANI	∃L	Type	50.00
Office Sought: House Disburse	ment For: 2014		
X Senate	Primary General		
	Other (specify) ▼		
State: MS District: 00	Pimary Challeng	е	
Full Name (Last, First, Middle Initial)			
			Date of Dishursement
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Mailing Address City	State Zip Code		
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Mailing Address City Purpose of Disbursement	State Zip Code		
Mailing Address City	State Zip Code	Category/ Type	M M / D D / Y Y Y Y
Mailing Address City Purpose of Disbursement Candidate Name	State Zip Code ment For:	Category/ Type	M M / D D / Y Y Y Y
Mailing Address City Purpose of Disbursement Candidate Name			M M / D D / Y Y Y Y
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Mailing Address City Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District:	ment For: Primary General Other (specify) ▼	Type	Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 16 OF 16	
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	Detailed Summary Page	27	28a 28b 28c X 29 30	
any information copied from such Reports and Statem	nents may not be sold or used	by any perso	on for the purpose of soliciting contributions	
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
Conservative Action Fund				
Full Name (Last, First, Middle Initial)			Data of Dishursement	
 Republican Attorneys General Asso 	ociation		Date of Disbursement	
Mailing Address 1747 Pennsylvania Avenue NW	10 07 2014			
Suite 800			.5 0.1	
	State Zip Code		Transaction ID - CD00 45400	
114019101.	DC 20006		Transaction ID : SB29.15198	
Purpose of Disbursement Donation		042		
		012	Amount of Each Disbursement this Period	
Candidate Name		Category/	5000.00	
Office Sought: House Disbursem	aont For:	Туре		
	Primary General			
	Other (specify)			
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City	State Zip Code			
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Candidate Name		Category/		
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Office Sought: House Disbursem	nent For:			
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Candidate Ivallie		Category/		
Office Sought: House Disbursem	nent For:	Туре		
	Primary General			
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State: District:	√ 1 · · · 3 / · ♥			
SUBTOTAL of Disbursements This Page (optional)			5000.00	
TOTAL This Period (last page this line number only).			5000.00	